

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000022987**

1. Entity Name  
TRANSGLOBAL MANAGEMENT, INC.

FILED

Apr 26, 2001 08:00 AM  
Secretary of State

Principal Place of Business  
1688 MERIDIAN AVENUE #506  
MIAMI BEACH FL 33139

Mailing Address  
1688 MERIDIAN AVENUE #506  
MIAMI BEACH FL 33139

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0910219**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDZOW MICHAEL ESQ.  
20803 BISCAYNE BOULEVARD  
SUITE 200  
AVVENTURA  
33180 US

Name  
REGISTERED AGENTS OF FLORIDA, LLC

Street Address (P.O. Box Number is Not Acceptable)  
100 SE 2ND STREET

SUITE 3500

City  
MIAMI

**FL** Zip Code  
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **LEON J. WOLFE, VP**

**04/26/2001**

DATE

Signature, typed or printed name of registered agent and title if applicable.  
9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME RADO FRED  
STREET ADDRESS 1688 MERIDIAN AVENUE #506  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D  Change  Addition  
NAME RADO FREDERIC  
STREET ADDRESS 1688 MERIDIAN AVENUE #506  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frederic Rado**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 04/26/2001

Date

Daytime Phone #

CR2E034 (11/00)